

Learning Activity 4.1.

Psychotropic Medication Quiz

1. What is the mechanism of action by which antidepressant medications achieve the desired effect (regardless of the different physiological processes by which this action is accomplished)? **(PG 71)**
Most work to increase the concentration of norepinephrine, serotonin and or dopamine through a complex series of interactions in the body.
2. For what must the nurse be on the alert with the client who is receiving antidepressant medication?
(PG 71/72) The nurse needs to be on alert for Neuroleptic malignant syndrome, serotonin syndrome, liver inj, toxicity. Seizures, increased sedation, HTN crisis, constipation, insomnia. Common but manageable side effect dry mouth, sedation, and nausea.
3. As the nurse, when would you expect the client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy? **(PG 70) All antidepressant therapy may take up to 2 weeks before signs of improvement are noted and up to 4 weeks to achieve full therapeutic benefits.**
4. Name an example of a tricyclic antidepressant **Amitriptyline**.
Name an example of an MAOI **Phenelzine**.
Name an example of an SSRI **Duloxetine**.
5. Describe some common side effects and nursing implications for tricyclic antidepressants. **(PG 454)**
Monitor patient for Drowsiness, fatigue, dry mouth, orthostatic hypotension, constipation, urinary retention.

6. Hypertensive crisis is the most potentially life-threatening adverse effect of MAOIs. Symptoms for which the nurse and client must be on the alert include: Sever headache, chest pain, SOB, blurred vision, and anxiety. _____. What must be done to prevent these symptoms from occurring? Avoid foods high in tyramines such as avocado, bananas, aged cheese, red wine, and chocolate.
(Your answer must include some examples.)(PG 72/73)
7. Lithium carbonate is commonly prescribed for bipolar disorder _____. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so? An antipsychotic like Haloperidol may be used because of the immediate sedative effect/mood stabilization.
8. There is a narrow margin between the therapeutic and toxic serum levels of lithium carbonate. What is the therapeutic range? List the initial signs and symptoms of lithium toxicity. (PG 78/79) The therapeutic range for lithium is from 0.6 to 1.2 mEq/L. Initial signs and symptoms of lithium toxicity include vomiting and diarrhea.
9. Describe some nursing implications for the client on lithium therapy. (PG 78) You want to monitor lithium levels. You will want to monitor vital signs and instruct patients to report symptoms of dizziness and palpitations. Assess and educate patients for signs of a rash or unusual skin breakdown. Encourage patients to maintain fluid intake at 2000-3000 ml a day.
10. What is the mechanism of action for anxiolytics (with the exception of buspirone)? (PG 67) Antianxiety drugs depress subcortical levels of CNS. Producing a calm effect. Buspirone does not depress the CNS, the action is unknown.

11. What is the most commonly used group of anxiolytics? Give two examples. **(PG 67)**

Benzodiazepines (schedule IV). Clonazepam & Diazepam.

12. What are the most common side effects of anxiolytics? **(PG 69) Most common side effect Drowsiness, confusion, lethargy.**

13. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation? **(PG 68) Do not mix Benzodiazepines with opioids pain or cough medicine. Also do not stop medication abruptly.**

14. What is thought to be the mechanism of action that produces the desired effect with antipsychotic medications? **(PG 80) First generation Are antagonist that block postsynaptic dopamine receptor in the basal ganglia, hypothalamus, limbic system, brain stem and medulla. Also demonstrating varying affinity for cholinergic alpha-adrenergic and histaminic receptors. 2nd generation is more potent antagonists of the serotonin type 2a receptors having a minimal risk of Extrapyrimalidal symptoms.**

15. Phenothiazines are an example of a “typical” antipsychotic group. Give two examples of phenothiazines **(PG 79)** and two examples of the newer “atypical” antipsychotics. **(PG 80) Phenothiazine examples are Haloperidol, loxapine. Two “atypical” antipsychotics are aripiprazole, and asenapine.**

16. Describe potential adverse hormonal effects associated with antipsychotic therapy. **(PG 86) Male side effects: decreased libido, retrograde ejaculation, gynecomastia. Female Side effects amenorrhea, galactorrhea.**

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of Sore throat, Fever, and Malaise. (A-6)
18. Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal side effect of antipsychotic drugs. List symptoms for which the nurse must be on the alert when assessing for NMS. (A-18) Sever muscle rigidity, high fever, tachycardia, fluctuations in blood pressure, diaphoresis, and rapid deterioration of mental status to stupor and coma.
19. Describe the symptoms of extrapyramidal side effects associated with antipsychotic therapy. Dystonias which can be life threatening and tardive dyskinesias a later onset with involuntary movement in the tongue, lips, and jaw. These side effects can be permanent after the drug is stopped
20. What is the classification of medication that is commonly prescribed for drug-induced extrapyramidal reactions? Give two examples of these medications. (PG 84) Antiparkinsonian agents. Valbenazine, and deutetrabenazine. Intravenous or intramuscular benztropine mesylate.
21. Describe a potentially life-threatening situation that could occur in the client who abruptly withdraws from long-term use of CNS stimulants. (PG 91 & 92) Stopping abruptly could initiate nausea, vomiting, abdominal cramping, headache, fatigue, weakness, mental depression, suicidal ideations, increased dreaming, and psychotic behavior. Could also cause Rebound syndrome of nervousness, agitation, headache, tremors, a rapid rise in BP.

Homework Assignment Questions and Answers

Please read the chapter and answer the following questions:

1. Identify three priority safety concerns for each class of psychotropic medications.

Antianxiety Agents: Tolerance and physical dependence Abrupt withdrawal can be life threatening (not buspirone), Drowsiness, confusion, lethargy (most common), Increase the effect of CNS depressants, Blood Dyscrasias (rare)

Antipsychotics (typical) : Mild EPS, Sedation, orthostasis

Antipsychotics (phenothiazines and haloperidol): anticholinergic effects, sedation, EPS

MAO Inhibitors: Hypertensive crisis (avoid foods high in tyramine), sedation, dizziness

SSNRIs: Nausea, Insomnia, tremors.

SSRIs: Nausea, agitation, headache

Tricyclic antidepressants: Postural hypotension, tachycardia, dry mouth blurred vision

2. Differentiate primary actions and side effects for traditional versus atypical antipsychotics.

Primary action for traditional antipsychotics block dopamine. As for atypical are weaker dopamine receptor and more potent antagonist of the serotonin. Typical antipsychotic side effects cause EPS, anticholinergic effects, sedation, weight gain, and a reduction in seizure threshold, photosensitivity. Atypical have minimal risk of EPS, increased risk for metabolic disturbances and weight gain.

3. Differentiate primary actions and side effects for tricyclic versus SSRI antidepressants.

Tricyclic blocks the reuptake of the chemicals by the neurons. Tricyclic antidepressant side effects dry mouth, blurred vision, fatigue, dizziness headache.

SSRI block the reuptake of serotonin and norepinephrine or dopamine. Side effects of SSRI antidepressants N/V/D or Constipation, headache, drowsiness or insomnia, dry mouth, dizziness.